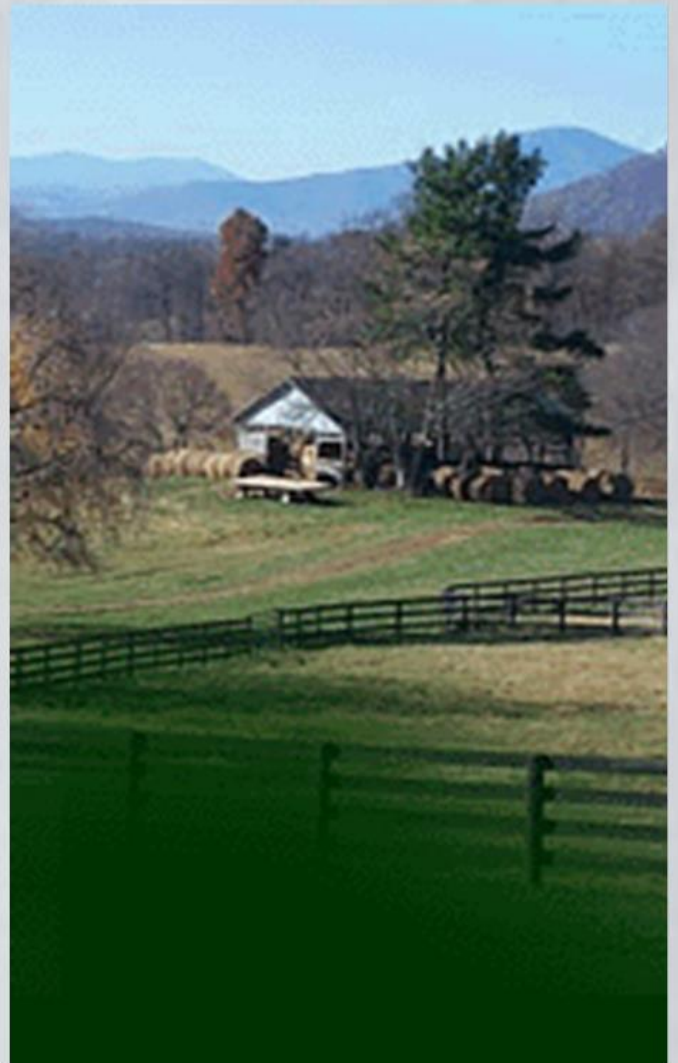




Fauquier County Government

2015 - 2016 Benefits Guide



July 1, 2015

Dear Valued Employee:

Fauquier County is pleased to provide you our first-ever *Benefits Guide*, which outlines the County's comprehensive benefits program effective July 1, 2015. We hope you will find this to be a valuable resource.

The County strives to deliver a high-quality benefits program to its employees. As an employee of Fauquier County, the benefits available to you represent a significant portion of your compensation package. These benefits provide important insurance protections for you and your family, and some benefits even offer tax advantages.

If you are a new employee or have recently become eligible for benefits, this Guide will walk you through the benefits offered while providing information on how and when to make your choices. If you are a current employee, this Guide will provide the most up-to-date information about the benefit programs and will support you as you make decisions during open enrollment or experience a life event that causes you to reconsider your current choices.

We hope you will find our new *Benefits Guide* informative and helpful. Please take time to read it carefully, and don't hesitate to contact Human Resources if you have any questions.

Sincerely,

Paul McCulla
County Administrator

Table of Contents

OVERVIEW	1
ENROLLMENT.....	2
MAKING THE RIGHT DECISIONS.....	4
BENEFIT CHOICES	6
HEALTH CARE PROGRAMS.....	9
FLEXIBLE SPENDING ACCOUNTS.....	15
LIFE AND AD&D PROGRAMS	18
VACATIONS, HOLIDAYS AND SICK LEAVE.....	20
VOLUNTARY BENEFITS.....	22
EMPLOYEE ASSISTANCE PROGRAM (EAP).....	24
RETIREMENT PROGRAM.....	25
EMPLOYEE CONTRIBUTIONS	26
IMPORTANT NOTICE FROM FAUQUIER COUNTY GOVERNMENT ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE.....	29
BREAST RECONSTRUCTION SURGERY AND THE WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998	31
NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT OF 1996.....	31
HIPAA PRIVACY NOTICE.....	32
MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN & FAMILIES.....	35
GLOSSARY	37
CONTACTS.....	inside back cover

Overview

The Fauquier County Government is pleased to provide you with this *Benefits Guide* and other materials outlining our benefits program beginning July 1, 2015. In order to provide our employees with a competitive benefits package, Fauquier County Government works with our consultants at Wells Fargo Insurance Services. We review programs annually, make modifications that we feel are appropriate, and offer our employees flexibility and choice. Fauquier County Government strives to deliver the highest quality, most cost effective benefit programs to our employees.

Following are the benefits for which you can choose a coverage level that meets your family's needs.

Medical

Our goal is to deliver high quality, effective health care coverage for our employees. We will continue to offer the same plans.

Employees hired before July 1, 2014 have a choice of five plans: KeyCare 10 (PPO), KeyCare 15 (PPO), HealthKeepers 10 (HMO Open Access), and HealthKeepers 20 (HMO Open Access). In addition, you could enroll in the High Deductible Lumenos Plan. **If employees make plan changes, you can only choose the plans that are offered to employees hired after July 1, 2014.**

Employees hired after July 1, 2014 have a choice of three plans: KeyCare 15 (PPO), HealthKeepers 20 (HMO Open Access), and the High Deductible Lumenos Plan.

Please refer to the section beginning on page 9 for a summary of the benefits and more information about plan changes. The rates can be found on page 26.

Dental

Dental coverage is now offered through Anthem. Posterior composite white fillings are now covered under the plan. The annual maximum benefit is \$1,000.

Please refer to the section beginning on page 14 for a summary of the benefits.

Flexible Spending Accounts

Benefits are administered by American Fidelity. For the medical FSA the limit is \$2,550, and for dependent day care it will continue to be \$5,000. The plan allows \$500 of unused flexible spending dollars to rollover in the next year.

Please refer to the section beginning on page 15 for a summary of the benefits.

Basic and Optional Life Insurance

Fauquier County Government provides a basic life insurance benefit to full-time employees, and you have the option to purchase more for you and your family. This group benefit is provided by Minnesota Life through VRS.

Please refer to the section beginning on page 18 for a summary of the benefits.

Enrollment

Who Is Eligible

Permanent full-time and permanent part-time active employees working at least 20 hours per week are eligible to participate in the medical and dental plans.

Permanent full-time employees are eligible for the VRS group life insurance.

Enrollment Process

During the Open Enrollment period, you make enrollment elections for the upcoming plan year, which runs from July 1st through June 30th. **The deadline for open enrollment is Friday, May 8, 2015.**

Employees who are hired after the Open Enrollment period, must complete the online enrollment for benefits within 60 days of your hire date.

Why You Need to Enroll

If you do not enroll on time, or if you miss the deadline after your hire date, you will not be able to take advantage of the coverages now available.

You will have to wait until the next Open Enrollment period to make new benefit elections.

When is Coverage Effective

For those electing coverage during Open Enrollment, coverage will become effective July 1st.

For newly hired employees:

- Medical and dental – You are eligible for coverage on the first of the month following the first payroll deduction(s).

For example:

If you are hired on March 30th, you turn in your forms by April 15th, and payroll deductions are taken in May, your health insurance will be effective on June 1st.

If you are hired on March 30th, you turn in your forms on April 4th, and deductions are taken in April, your health insurance will be effective for most benefits on May 1st.

- Basic Life and AD&D insurance is effective on your date of hire.
- Supplemental life insurance for you and/or your dependents becomes effective on the first of the month following the day you complete your application and your coverage is approved, if applicable.

Information You Will Need

HEALTH AND DENTAL COVERAGE

If you are currently enrolled in our group health and dental plan and you do not wish to change/cancel your coverage or add/delete dependents, you will need to confirm your elections through your Fauquier ePortal account.

If you would like to change your coverage (add or drop dependents, change plans, etc.) due to open enrollment or a qualified event as described on page 8, you must change your election through your Fauquier ePortal account.

If you are not currently enrolled in our medical or dental plan, but would like to enroll, you must make your election online within 30 days of a qualified change in status, or during open enrollment.

PRE-TAX PREMIUM CONVERSION PLAN

Your health coverage contribution will be deducted from your pay check on a pre-tax basis unless you elect otherwise.

FLEXIBLE SPENDING ACCOUNT (FSA) - Election is made for July through June

Fauquier County offers employees the opportunity to participate in “Flexible Spending Accounts” for medical and dependent care reimbursements.

The maximum allowable contribution for a healthcare spending account is \$2,550 and \$5,000 for dependent care. Your election for the FSA is for the period July 1 through June 30.

IRS regulations require participants to make an election for every year they want to participate in the FSA. In order to participate in this plan, you must make an election. If you are currently enrolled, you will need to confirm your elections with

American Fidelity. This must be done each year.

OPTIONAL LIFE INSURANCE COVERAGE FOR YOURSELF, YOUR SPOUSE AND/OR YOUR CHILDREN

If you currently participate in the employee paid optional life coverage and wish to continue carrying this optional life insurance, you do not need to do anything. However, if you do not currently participate and would like to, you will need to complete and return an enrollment form and Evidence of Insurability (if you’re a non-timely entrant). A non-timely entrant is an employee who elects not to participate within the first 31 days of employment. If you are a new employee and are electing coverage of \$350,000 or more, you will also need to provide evidence of insurability. If you do not complete and return the enrollment form, you will not have optional life insurance coverage.

You may request coverage at any time—not just during open enrollment.

What to Do Before You Enroll

- Read this guide thoroughly.
- Work up your benefit choices and costs on a separate sheet.
- Complete the enrollment forms provided by the insurance companies for all coverages that you wish to make an enrollment change or to enroll, if you are not currently enrolled.
- **Complete the online enrollment process by the deadline.** If you were hired after the open enrollment period, be sure to complete your elections within 60 days of your hire date.

Making the Right Decisions

Your Benefit Choices

Making benefit choices is like other choices you make in life. First, take a look at the benefits available to you. Next, think about what *you* need (whether that means you, or you and your family) and what will suit *you* . . . not everyone around you. Then fill in your selections during enrollment and enjoy the benefits you've chosen.

Your Past History

Review your medical and dental expenses over the last few years. How likely is it that you will need medical and dental treatment for the coming year? Remember, you always have to anticipate unexpected medical expenses. How much do you want to have covered by insurance, and how much are you willing to pay for on your own?

Do Your Homework

One of the most important things you can do is to learn about your benefit choices. Without that knowledge, you might not choose programs that meet your needs.

This guide provides the information you need to understand Fauquier County's benefits program and to create your own benefits package, including information about each benefit offered, planning sheets, and steps required to enroll. Please review each section carefully.

What's Best for You

We all have different benefit needs. Fauquier County Government's benefits program offers several options so that you can choose the benefits that address your needs. Pick the benefits most important to *you* that work within *your* budget.

If you have a family, you'll probably want to work through these decisions with them. Take it one step at a time. If your spouse is working, be sure to review the employee benefits available to your spouse so you can coordinate the type and level of coverages you choose through Fauquier County with the coverages under your spouse's plan.

Anticipated Out-of-Pocket Expenses

Be realistic about how much you can afford to pay out-of-pocket, including deductibles, should you need medical, vision or dental treatment. Keep in mind that you can enroll in the Flexible Spending Account to pay your out-of-pocket expenses on a pre-tax basis.

Your Need for Optional Life Insurance

Factors such as your age, marital status, and number of dependents should be taken into consideration as you decide the amount of life insurance and accidental death and dismemberment protection you need to protect your family and other possible beneficiaries. Please remember that the optional term life coverage you choose may require evidence of insurability.

Remember that Your Decisions Cannot Be Changed for a Year

Unless there is a qualifying event after you make your benefit selections (e.g., marriage, death of your spouse or dependent, or birth or adoption of a child), you will not be able to change your medical/dental/vision selection until the next benefit open enrollment date.

Review Your Completed Election Forms

Review your completed election forms carefully, consider the costs and the benefit coverages you have selected, and make any necessary adjustments. You will not be able to change your selection for a year.

If you don't complete the online enrollment process within the proper timeframes, you will not have coverage.

Your elections are for a 12-month cycle and cannot be changed unless you have a qualifying event.

The benefit period runs from July 1 through June 30.

Deductibles in the medical and dental plans are based on claims processed from January 1 through December 31.

Payroll deductions are taken from the first two checks each month (24 times a year).

Please note: Although Fauquier County Government expects to continue to provide a competitive and comprehensive benefits package to its eligible employees, it reserves the right to amend, modify or eliminate benefits programs at any time.

Benefit Choices

Benefits Provided to You by Fauquier County Government

Fauquier County Government pays in full the cost of the following benefits (except VRS Retirement) for all eligible employees:

Benefit Plan	What Fauquier County Provides to Full-Time Employees
Basic Life Insurance	Annual salary rounded to next highest \$1,000 then doubled
Accidental Death and Dismemberment	Annual salary rounded to next highest \$1,000 then doubled
Bereavement Leave	Up to 4 days paid leave for the death of an immediate family member
Annual Leave	Newly hired full- and part-time employees earn one day each month. Accrues on a pro-rated basis for part-time employees. After five years, leave increases based on your length of service with Fauquier County
Holidays	12 days per year (plus 2 floating holidays)
Sick Leave	Full- and part-time employees earn one day each month. Accrues on a pro-rated basis for part-time employees.
Other Leave	Time off may also be granted for jury duty, compensatory leave, military leave, or educational leave
VRS Retirement	Fauquier County full time employees are fully vested after 5 years of service
Employee Assistance Program	Counseling assistance for employees and their family members provided by Anthem
Tuition Reimbursement	Full-time employees may be eligible for reimbursement of up to 18 semester hours per year. You must have completed your probationary period.
Workers' Compensation	Benefits in the event of a work related illness or injury
Social Security	Match 100% of your contribution

Benefits You Can Choose

If higher benefit levels will better serve your personal needs, you can add certain optional benefits to create a customized benefit program. Fauquier County Government pays a significant portion of the Medical and Dental premiums. See page 26 for the employee's cost of certain optional benefits.

Benefit Plan	What you can choose	Pre-Tax Deductions Permitted
Anthem Medical Plans	You have a choice of plans so that you can select the one that best suits the needs of you and your family.	Yes
Anthem Dental Plan	A choice between Standard plan and High Option Plan for you and your family	Yes

Benefit Plan	What you can choose	Pre-Tax Deductions Permitted
Flexible Spending Accounts	Healthcare Spending Account Dependent Care Spending Account	Yes
VRS Optional Term Life & ADD Insurance Options for You through Minnesota Life	1x to 4x your compensation up to a maximum of \$700,000	No
Optional Term Life & ADD Insurance Options for Your Spouse and/or Children through Minnesota Life	Up to 50% of your optional life insurance benefit	No
Voluntary Insurance Programs	You can participate in a variety of voluntary plans including cancer insurance, disability insurance, and life insurance.	Yes

More for Your Money—Pre-Tax Deductions

You pay for some of your benefits with pre-tax dollars. This means payroll deductions for certain benefits are taken out of your paycheck **before** taxes are calculated. This way, your taxable income is reduced, and you pay less in taxes. An example of your potential savings is shown below:

COMPARISON CHART	Without Pre-Tax Deductions	With Pre-Tax Deductions
Gross Monthly Income	\$2,500.00	\$2,500.00
Pre-Tax Health Insurance Deduction	0.00	200.00
Taxable Income	\$2,500.00	\$2,300.00
Federal Tax (15%)	375.00	345.00
State Tax (5.75%)	143.75	132.25
FICA Tax (7.65%)	191.25	175.95
After-Tax Health Insurance Deduction	200.00	0.00
Monthly Spendable Income	\$1,590.00	\$1,646.80

By taking advantage of the pre-tax deduction,
this employee was able to increase his/her spendable income by **\$56.80 every month!**

Refer to the "Pre-Tax Deductions Permitted" column in the previous chart for those benefits that can be paid on a pre-tax basis.

Changing Elections

Your benefit choices will be effective from July 1, 2015 through June 30, 2016 and cannot be changed until the next open enrollment period Spring 2016 unless you experience an event that allows a special enrollment.

Qualifying Event – You can change plan elections for yourself or an eligible dependent **within 30 calendar days** of the specified qualifying event (some of which are listed below):

- Events that change your **legal marital status**, including marriage, divorce, death of a spouse, or annulment.
- Events that change your **number of dependents**, including birth, adoption, placement for adoption, or death of a dependent.
- Changes in **employment status**, including termination or commencement of employment by you, your spouse, or dependent.
- Changes in **work schedule** that reduce or increase the number of hours of employment by the employee, spouse or dependent, including a switch between part-time and full-time, a strike or lockout, or the beginning of or return from an unpaid leave of absence.
- Changes in **residence or worksite** of the employee, spouse or dependent if the change affects your or their eligibility for the plan in which you are currently enrolled.
- A significant **change in the benefits or cost** of a dependent's coverage under their group plan.
- A **dependent satisfying or ceasing to satisfy a plan's requirements** for eligible dependent.
- Issuance of a judgment, decree or order (including QMCSO) resulting from divorce or change in legal custody requiring health coverage of a child who is your dependent.

SPECIAL ENROLLMENT RIGHTS ALLOWED UNDER HIPAA – YOU MAY ALSO BE ELIGIBLE TO CHANGE AN ELECTION DUE TO:

- You or your dependent's loss of other coverage due to exhaustion of COBRA coverage, loss of eligibility, or employer termination of plan contributions.

SPECIAL ENROLLMENT RIGHTS ALLOWED UNDER THE CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 (CHIPRA) – There are two Special Enrollment Rights under HIPAA.

- You or your dependent loses eligibility to participate in Medicaid or a state Children's Health Insurance Program (CHIP);
- You or your dependent qualifies for state premium assistance under Medicaid or CHIP.

You must notify Human Resources within **60 days** of either (1) losing eligibility to participate in Medicaid or CHIP; or (2) being notified of eligibility for premium assistance from your state of residence. Coverage will become effective on the first day of the following month. See the detailed "Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children & Families" notice beginning on page 35 for more information about the program.

If any of these events occur during the year, submit a Life Event through Fauquier ePortal. You may be able to make a change to your elections. To make a change in your benefit election, you will be asked to provide proof of the event. In all instances, the change must be consistent with the type of event that has occurred and must be made within 30 calendar days (60 for CHIPRA) of the event.

Health Care Programs

Medical Plan

Medical benefits are very important for almost everyone. You have a choice of medical plans so that you can choose the one that best suits the needs of you and your family. Our goal is to continue delivering the highest quality and most cost effective health care coverage for our employees.

Employees hired before July 1, 2014, have a choice of 5 healthcare plans—the HealthKeepers 10 HMO, HealthKeepers 20 HMO, KeyCare 10 PPO and KeyCare 15 PPO. In addition, you can enroll in the High Deductible Lumenos Plan. If you enroll in this plan, you can only choose the plans that are offered to employees hired after June 30, 2014, if you decide to change plans in the future.

Employees hired after July 1, 2014, have a choice of 3 healthcare plans – the HealthKeepers 20 HMO, KeyCare 15 PPO and High Deductible Lumenos plan.

Highlights for patient out-of-pocket expenses are presented on the following page, and full plan details are outlined in Anthem's benefit summaries.

MEDICAL BENEFIT PLAN – AS OF JULY 1, 2015

There are no changes to the medical plan.

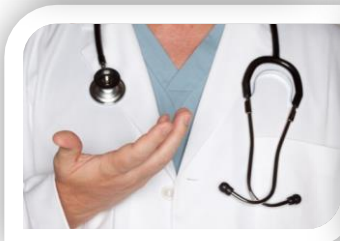
OUT-OF-NETWORK BENEFITS

Under either plans, you may receive care from providers outside of the network. However, the benefits you receive in the network will be paid at a higher level than those received out of the network.

If you use out-of-network providers, you may be subject to balance billing. Anthem may pay a portion of your claim based on the "Allowable Charge" (also referred to as Allowed Amount, Approved Charge or Maximum Allowable). When using network providers, the Allowable Charge is considered payment-in-full by Anthem and the network provider. The Allowable Charge is typically a discounted rate rather than the actual charge. However, if you use out-of-network providers, Anthem will pay its portion based on the Allowable Amount. If the Allowable Amount is less than what the provider charges, you will be responsible for the difference between the Allowable Amount and the amount the provider charges in addition to your copayment or coinsurance.

For example, a doctor may charge \$100 for a visit, and Anthem's Allowable Amount is \$80. If the doctor is in Anthem's network, the total payable is \$80. You will pay your copayment or coinsurance, and Anthem will pay the remaining amount up to \$80. On the other hand, if the doctor is not in Anthem's network, you will be responsible for your copayment or coinsurance plus the difference between the charged amount and the Allowable Amount. That additional amount in this example would be \$20 (\$100-\$80). On larger billed amounts, the difference can be very significant.

You can visit Anthem's website for a complete listing of participating providers in Virginia at www.Anthem.com and click on Find a Doctor.



MEDICAL BENEFIT COMPARISON – AS OF JULY 1, 2015

Following is a summary of the plans.

Medical Plan Features	In-Network Benefit				
	KC 10 PPO	KC 15 PPO	HK 10 HMO/Open Access	HK 20 HMO/Open Access	High Deductible - CDHP Lumenos \$2,000 Deductible
Available to:	Employees Hired before 7/1/2014	All Government Employees	Employees Hired before 7/1/2014	All Government Employees	All Government Employees
CY Deductible	None	None	None	None	\$2,000/\$4,000
CY Out-of-Pocket Maximum (individual/family)	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Network	Anthem KeyCare	Anthem KeyCare	Anthem Healthkeepers	Anthem Healthkeepers	Anthem Healthkeepers
Hospital Benefits					
Inpatient	\$200 copay; then 10%	\$300 copay; then 20%	\$200 per admission	\$200 copay/day to \$1,000 max	20%, after CY Ded.
Outpatient Surgery	\$100 copay; then 10%	\$100 copay; then 20%	\$150 copay	\$200 copay	20%, after CY Ded.
Emergency Room (waived if admitted)	\$100 copay; then 10%	\$100 copay; then 20%	\$100 copay	\$100 copay	20%, after CY Ded.
Physician					
PCP Office Visits	\$10 copay	\$15 copay	\$10 copay	\$20 copay	20%, after CY Ded.
Specialist Office Visits	\$20 copay	\$30 copay	\$20 copay	\$40 copay	20%, after CY Ded.
Urgent Care	\$20 copay	\$30 copay	\$20 copay	\$40 copay	20%, after CY Ded.
Chiropractic Care	\$20 copay 30-visit CY limit	\$30 copay 30-visit CY limit	\$20 copay 30-visit CY limit	\$25 copay 30-visit CY limit	20%, after CY Ded.
Physical, Occupational	Prof Svcs: \$20 copay Facility: \$20 plus 10% (30-visit CY combined physical and occ therapy max)	Prof Svcs: \$30 copay Facility: \$30 plus 20% (30-visit CY combined physical and occ. therapy max)	\$20 copay (30-visit CY combined physical & occ.therapy max)	\$25 copay (30-visit CY combined physical & occ. therapy max)	20%, after CY Ded. (30-visit CY combined physical & occ. therapy max)
Speech Therapy	Prof Svcs: \$20 copay Facility: \$20 plus 10% (30-visit CY max)	Prof Svcs: \$30 copay Facility: \$30 plus 20% (30-visit CY max)	\$20 copay (30-visit CY max)	\$25 copay (30-visits CY max)	20%, after CY Ded. (30-visit CY max)
Diagnostic X-ray	10%	20%	Covered in full @ PCP visit, otherwise \$20 copay	Covered in full @ PCP visit, otherwise \$40 copay	20%, after CY Ded.

Medical Plan Features	In-Network Benefit				
	KC 10 PPO	KC 15 PPO	HK 10 HMO/Open Access	HK 20 HMO/Open Access	High Deductible - CDHP Lumenos \$2,000 Deductible
Advanced diagnostic imaging (MRI, MRA, MRS, CTA, PET & CT)	10%	20%	\$100 copay	\$100 copay	20%, after CY Ded.
Preventive Care					
Well Baby Care	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
Well Adult Care	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
Mammography	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
PSA Tests, Screenings	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%
Mental Health Services					
Inpatient	\$200 copay; then 10%	\$300 copay; then 20%	\$200 per admission	\$200 copay/day to \$1,000 max	20%, after CY Ded.
Outpatient	\$10 copay	\$15 copay	\$10 copay	\$20 copay	20%, after CY Ded.
Other					
Home Health Care	Covered @ 100% 90-visit CY limit	Covered @ 100% 90-visit CY limit	Covered @ 100%	Covered @ 100%	20%, after Ded. (100-visit max)
Hospice Care	Covered @ 100%	Covered @ 100%	Covered @ 100%	Covered @ 100%	20%, after CY Ded.
Durable Medical Equipment	20%	20%	Covered @ 100%	Covered @ 100%	20%, after CY Ded.
Skilled Nursing Facility	10%; (100 day per stay limit)	20%; (100 day per stay limit)	Covered @ 100%	Covered @ 100%	20%, after CY Ded. (100 day per stay limit)
Vision	\$15 Copay In-Network with Blue View Vision Providers; \$30 OON allowance				
Prescription Drugs					
Drug Card	Optum Rx				Anthem
CY Deductible	\$150/\$300 w/ 4th Qtr. Carryover				Subject to CY Deductible, with exception of preventive Rx
Out-of-Pocket Maximum	\$3,500 per member / \$7,000 per family				Included in overall out-of-pocket maximum
Preventive Rx	No				20% coinsurance, No deductible
Retail	Tier 1-\$10/Tier 2-\$20/Tier 3- greater of \$35 or 20% max \$200/script				20%, after CY Ded.
Mail Order Maintenance:	\$20/\$40/greater of \$70 or 20% max \$400/script				20%, after CY Ded.

Medical Plan Features	In-Network Benefit				
	KC 10 PPO	KC 15 PPO	HK 10 HMO/Open Access	HK 20 HMO/Open Access	High Deductible - CDHP Lumenos \$2,000 Deductible
Out of Network Coverage	Note: If you use out-of-network providers, you may be subject to balance billing.				
Calendar Year Deductible	\$200 individual / \$400 family	\$400 individual / \$800 family	\$300 individual / \$600 family	\$750 individual / \$1,500 family	\$2,000 individual / \$4,000 family (combined with in-network deductible)
Out-of-Pocket Limit	\$2,500 / \$5,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$9,000 / \$18,000
Coinsurance	30% of allowable charge	30% of allowable charge	30% of allowable charge	30% of allowable charge	30% of allowable charge

If you make any plan changes, you can only choose the plans that are offered to employees hired after July 1, 2014.

Note: This is only a summary of benefits. Please refer to your enrollment booklet and/or plan contract for complete details. In the event of a discrepancy in benefits, your contract benefits will determine how your benefits will be applied.

The rates for medical, prescription, and vision are combined into one payroll deduction. Rates can be found on page 26.

COORDINATION OF BENEFITS

If you or a dependent is enrolled in another medical plan as well as the Fauquier County's medical plan, your total benefit payments from **both** plans will never be more than the payment allowed by the highest benefit plan. You will not be paid in full by both plans. (Your Medical and Dental Benefit Booklets will explain Coordination of Benefits in more detail.)



PRESCRIPTION DRUG BENEFITS

Your prescription drug benefits are offered through OptumRx, and you will receive a separate prescription drug card. Optumrx.com is the website where members can set up an account to order and track refills.

Physicians are encouraged to prescribe from a "Preferred Drug List". The "Preferred Drug List" contains both generic and brand name drugs. If you or your doctor choose a "Non-Preferred" drug, you will be responsible for a larger copayment. Keep in mind, regardless of the type of drug prescribed, all of your prescriptions must be filled at participating pharmacies.

You may be able to save money by using the mail order prescription program available through your prescription plan. A three-month supply can be provided through the mail or at your local pharmacy.

LIVE HEALTH ONLINE WITH ANTHEM (TELEMEDICINE)

EASY, FAST DOCTOR VISITS.

ALL FROM THE COMFORT OF YOUR OWN COMPUTER OR MOBILE DEVICE.

Talk to a doctor anytime – 24 hours a day, seven days a week, 365 days a year.

Enroll for free at livehealthonline.com or on the free mobile app.

With LiveHealth Online, you get:

- Immediate doctor visit through live video.
- Your choice of board-certified doctors
- Help at a lower cost than a regular doctor visit.
- Private, secure and convenient online visits.

Fauquier County has partnered with Anthem HealthCare to offer this service to members of the HMO and PPO plans at a \$0 copay. For Lumenos members the copay is 20% after your deductible has been met.

If you are not enrolled in the County's health plan, this service is available at a cost of \$49.00 per visit.

Some of the most common uses include:

- Cold and flu symptoms
- Allergies
- Sinus infections
- Family health questions.

AS ALWAYS, YOU SHOULD CALL 911 WITH ANY EMERGENCY.



Dental Program

Our Dental benefits is provided through Anthem Dental. The preferred provider organization (PPO) dental plan gives you the freedom to work with a dentist of your choice. However, non-participating dentists may bill you the difference between Anthem's "Reasonable & Customary/R&C" rates and your dentist's billed charges. For a list of participating dentists go to www.anthem.com/mydentalvision.

We refer to this program as "full service" since benefits are provided for preventive care, basic restorative, major restorative, and orthodontia. Most preventive services are covered at 100%.

This is the maximum amount that the plan will pay for each covered person under the plan. Plan provisions for the low option and high option dental options are outlined below:



	Standard Option	High Option
Calendar year maximum per person	\$1,000	\$1,000
Annual Deductibles Individual/Family	None	\$50/\$150
Diagnostic & Preventive		
Routine exams and cleanings; sealants; fluoride treatments; space maintainers; x-rays	Plan pays 100%	Plan pays 100%. Deductible does not apply.
Basic Services		
Fillings; oral surgery; periodontics; endodontics; extractions;	Covered at 80%	Covered at 80%, after deductible Posterior composite (white) fillings
Major Restorative		
Crowns; dentures; bridgework; gold restorations	Not covered	Covered at 50%, after deductible
Orthodontic Care for Children		
Lifetime Maximum	N/A	\$2,000
Orthodontics	Not Covered	Covered at 50%, after deductible

Note: This is only a summary of benefits. Please refer to your enrollment booklet and/or plan contract for complete details. In the event of a discrepancy in benefits, your contract benefits will determine how your benefits will be applied.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow employees to allocate pre-tax dollars to a healthcare and/or dependent care spending account to pay for eligible after-tax expenses.

Two spending accounts are available to employees—a health care account and a dependent care account. These accounts allow you to use a portion of your pay, before it is taxed, to provide coverage that can reimburse you for certain qualified expenses. You can participate in one, both or neither of the accounts—it is your choice.

Federal tax law requires separate accounts for the two types of expenses, and you must elect a separate amount to be deposited in each account in which you elect to participate.

Since you are receiving tax advantages, federal tax law imposes certain requirements on spending accounts.

- Once you elect to participate in the spending account plan, you cannot change your election during the plan year unless you have a qualifying event. Qualifying events are discussed on page 8 of this booklet. If one of these events occurs, and you want to change your election, the change must be consistent with the type of event that has occurred.
- In order to receive reimbursement from your account, you must incur expenses (i.e., service performed and received) during the plan year. You must submit a reimbursement form or use your debit card.
- Keep receipts for your tax records.
- If you do not incur enough expenses during the plan year to use all of the coverage provided by your spending account, the plan allows \$500 of the amount to be Rollover to be used in the next plan year. Any amount over the \$500, will be lost.

- You cannot claim a tax deduction or credit on your personal tax return for expenses reimbursed from your spending account.
- The expenses cannot be eligible for reimbursement from any other source.
- When taxable income is lowered, Social Security taxes are also lowered. This may result in a slight reduction in Social Security retirement benefits.



Maximum Spending Account Contributions

FSA Payroll Deductions are spread out over 24 payroll cycles.

Healthcare Spending Account: You may contribute up to \$2,550 for the plan year or \$106.25 per pay period.

Dependent Care Spending Account: You may contribute up to \$5,000 for the plan year or \$208.33 per pay period for single individuals or married individuals filing jointly, and \$2,500 for the plan year or \$104.17 per pay period for married individuals filing separately.

Healthcare Expenses

The Healthcare Spending Account may be used to reimburse eligible expenses incurred by you or your dependents, as long as the expenses are not covered by insurance or any other source. The maximum amount that you may contribute to your Healthcare Account for each plan year is \$2,550. The Health Care Spending Account is advantageous when you have predictable healthcare expenses.

You can refer to IRS Publication 502, Medical and Dental Expenses to identify eligible expenses. This publication can be found at www.irs.gov/pub/irs-pdf/p502.pdf or by calling 1-800-TAX-FORM.

Dependent Care Expenses

- Care in your home or someone else's home;
- Child care or dependent care facilities, including day care centers and nurseries; or
- Housekeeping services in your home that include day care.

However, you cannot claim payments for services provided by a dependent or one of your own children under the age of 19.

For more information regarding eligible expenses under either the health care or dependent care spending accounts, please refer to your Flexible Spending Accounts information packet.

Dependent Care and the Federal Tax Credit

If you have eligible dependents, you may choose to use *either* or *both* the Dependent Care Flexible Spending Account and the Federal dependent care tax credit when you file your annual tax return. Whatever you contribute to the Dependent Care Spending Account will reduce the amount of the available Federal tax credit.

The annual maximum the IRS currently allows you to contribute to a Dependent Care Account is \$5,000 for single individuals and married individuals filing jointly, and \$2,500 for married individuals filing separately.

You are eligible for a Federal income tax credit of up to \$3,000 of eligible dependent care expenses for one qualified dependent (up to \$6,000 for two or more qualified dependents). The amount of your tax credit depends on your adjusted gross income reported on your Federal income tax return.

IRS Publication 503 explains the child and dependent care tax credit in more detail. You can obtain a copy of this publication from the Internet at www.irs.gov/pub/irs-pdf/p503.pdf or by calling 1-800-TAX-FORM.

If you choose to participate in the Dependent Care Spending Account, your contributions will be made through payroll deduction and will be made on a "before-tax" basis. This means that contributions to this plan will be deducted from your pay before taxes and are, therefore, tax-free. This will increase your net take-home pay since Federal, State and FICA taxes will be reduced.

You must decide whether using the Dependent Care Flexible Spending Account or taking the Federal dependent care tax credit for your dependent care expenses will provide you with more tax savings. If you are uncertain as to which is best for you, we recommend that you check with a tax advisor before making your final decision.

Who May Participate in the Dependent Care Spending Account Plan?

If you are married, your spouse must work, be a full-time student or be mentally or physically unable to care for him or herself in order to be eligible to participate in this plan. You may also participate in this plan if you are not married and incur eligible dependent care expenses.

Expenses that Can Be Submitted under this Plan

You can claim dependent care expenses for "qualifying individuals" who include (1) your children under age 13, (2) other relatives, such as a parent, whom can be claimed as dependents on your tax return; or (3) a spouse or other dependent who is physically or mentally incapable of caring for him or herself. **These children and relatives must be dependents as defined by the Internal Revenue Code.**

Important Notes Regarding Flexible Spending Accounts Calendar Year

Once you make an election to contribute to a FSA, **you cannot change that election** until the beginning of the following plan year (July 1) unless you have a qualified change in status.

Expenses submitted for reimbursement must be **incurred during the plan year.**

“USE IT OR LOSE IT”

If you do not use all the money in your account by the end of the plan year (June 30), **any remaining balance up to \$500 can be carryover** and used to offset future Plan expenses.

Expenses reimbursed from your Health Care Spending Account **cannot be claimed as medical deductions** on your income tax.

Expenses reimbursed from your Dependent Care Spending Account **cannot be claimed under the Federal Tax Credit.**

How Do Flexible Spending Accounts Work?

An employee earns \$2,500 per month and incurs the following monthly out-of-pocket expenses:

- Family medical expenses (deductibles, copays, dental, vision): \$ 60.00 per month
 - Dependent child care expenses (daycare): \$300.00 per month
- Contributions to the Flexible Spending Account: \$360.00 per month**

COMPARISON CHART	Without Flex Spending Account	With Flex Spending Account
Gross Monthly Income	\$2,500.00	\$2,500.00
Eligible Pre-Tax Medical Expenses	0.00	60.00
Eligible Pre-Tax Dependent Child Care Expenses	0.00	300.00
Taxable Income	\$2,500.00	\$2,140.00
Federal Tax (15%)	375.00	321.00
State Tax (5.75%)	143.75	123.05
FICA Tax (7.65%)	191.25	163.71
After-Tax Medical Expenses	60.00	0.00
After-Tax Dependent Child Care Expenses	300.00	0.00
Monthly Spendable Income	\$1,430.00	\$1,532.24
By taking advantage of the Flexible Spending Account, this employee was able to increase his/her spendable income by \$102.24 every month! This means an annual tax savings of \$1,226.88. Remember, with the Flexible Spending Accounts, the better you plan, the more you save!		

Life and AD&D Programs

Basic Life Insurance

Permanent full-time employees are eligible for basic life insurance through VRS. In the event of your death, you are automatically covered for term life insurance based on a two times your annual earnings. Your life insurance coverage is determined by rounding your annual salary to the next \$1,000 and doubling. For example, if your annual earnings are \$31,200, your life insurance benefit would be \$64,000 (\$32,000 x 2).

If you die while covered by this plan, the benefit is paid to the beneficiary (or beneficiaries) you designate, in writing. This Basic term life insurance coverage is through VRS and paid in full by Fauquier County Government.

When you experience a life event, be sure to update your beneficiary(ies).

Basic Accidental Death & Dismemberment (AD&D) Insurance

If you die in an accident, this benefit pays your beneficiary(ies) an amount equal to your Basic Term Life Insurance coverage. This benefit would be paid **in addition** to Basic Life Insurance benefits.

The AD&D plan also provides a paid benefit if you lose a limb or your eyesight in an accident. The cost of this coverage is paid in full by Fauquier County Government.



Optional Life and AD&D Insurance

If you feel that additional term life insurance is necessary in order to meet the needs of your family, Fauquier County Government's Benefits Program makes additional coverage available to you. Employees may purchase supplemental term life coverage for one, two, three, or four times your salary, not to exceed \$700,000. If you purchase more than \$350,000 in optional coverage, or if you initially declined coverage and now wish to purchase additional life insurance, you will be required to provide Evidence of Insurability.

In the event of your death, this supplemental benefit is paid in addition to the Basic coverage. The cost of this coverage is paid by employees through payroll deductions.

If you are currently enrolled in the Minnesota Life optional life program, you do not need to do anything if you wish to continue this coverage "as is". If you did not enroll for this coverage during your initial new hire eligibility period, you can apply for this coverage at any time, but will be required to complete and submit a Evidence of Insurability with your enrollment application. As a late entrant, Minnesota Life reserves the right to deny the coverage or limit the amount of optional term life coverage.

Supplemental Term Life Insurance for Dependents

Fauquier County Government's Benefits Program also offers dependent life insurance options. The cost of this coverage is paid by employees through payroll deductions. You are eligible to purchase optional life insurance for your spouse and dependent children if you have optional coverage for yourself. Spouses are eligible for up to 50% of your optional life coverage. You may also purchase optional group coverage for your minor children.

Evidence of Insurability is required if you do not elect the coverage within 31 days of your first day of coverage under the basic life insurance plan or qualifying event. Proof of your spouse's good health is also required for amounts in excess of one-half of your salary.

Supplemental Term Life Insurance Plan Features	
Eligibility	Regular full-time employees
Benefit Amount	
For you	1x, 2x, 3x, or 4x your compensation, up to a maximum of \$700,000
For your spouse	Up to half the maximum amount of the coverage you select for yourself, not to exceed \$350,000
For your child(ren)	Age 15 days to 21 yrs old (25 for students): You may elect an amount equal to \$10,000, \$20,000, or \$30,000, depending on the coverage option you select for yourself
Guaranteed Issue Amount	Employees: \$350,000 Spouse: up to one-half the employee's salary
Plan Features	
Coverage during a Disability	Yes
Conversion Privilege	Included
Accelerated Death Benefit	Some or all of death benefit

Please refer to page 267 for the Supplemental Life rates.

Note: This is only a summary of benefits. Please refer to your enrollment booklet and/or plan contract for complete details. In the event of a discrepancy in benefits, your contract benefits will determine how your benefits will be applied.

Annual Leave, Holidays and Sick Leave

Fauquier County Government currently provides a traditional time off program comprised of annual leave, 13 paid holidays, 2 floating holidays and 12 sick leave days annually.



Annual Leave

Full-time employees are eligible for annual leave based on years of service and the number of hours worked per week. Part-time employees accrue annual leave on a prorated basis.

Employees can accumulate a maximum number of hours. Any amounts over the maximum at the end of the calendar year are converted to sick leave.

Years of Service	30 Hr/Week Employee		37.5 Hr/Week Employee		40 Hr/Week Employee		42 Hr/Week Employee	
	Per month	Maximum	Per month	Maximum	Per month	Maximum	Per month	Maximum
Less than 5 year	6	144	7.5	180	8	192	8.4	201.6
5-10 years	7.6	182.4	9.5	228	10	240	10.5	252
10-15 years	9.2	220.8	11.5	276	12	288	12.6	302.4
15-19 years	10.8	259.2	13.5	324	14	336	14.7	352.8
20+ years	12	288	15	360	16	384	16.8	403.2

Only the maximum of annual leave will be allowed to carryover. Any amount of annual leave over the maximum will be transferred to your sick leave account. Refer to the Fauquier's annual leave policy for more information.

Sick Leave

All regular employees will be credited with sick leave at the following rates after it is earned:

Regular hours worked per week	Amount accrued per month	Days accrued annually
42	8.4 hours	12
40	8 hours	12
37.5	7.5 hours	12

Employees must use sick leave in amounts no less than one-half hour units. Employees working a regular 40-hour work week shall use sick leave based on an 8-hour day. Employees working a 37.50-hour week shall use sick leave based on a 7.50 hour day.

Sick leave is paid leave granted for periods of absence due to personal illness, injury, surgery, medical quarantine, and medical, dental, or optical examinations. It may also be used for family illness or injury. Sick leave is a benefit to be used for legitimate needs, not to supplement vacation time.

Fauquier County offers a voluntary Sick Leave Bank program. The program provides income replacement benefits to participants who are unable to work due to illness or non-work related injury. Employees must enroll in the program to receive the benefits.

Leave Donation may be available for employees who are seriously ill or injured and out of work for an extended period of time. An employee must exhaust all of their accrued annual and all but one week of their sick leave balance.

Employees will be paid for unused sick leave upon termination of employment, provided they have three or more years of service with Fauquier County. Please refer to the employee policy for more details.

Holidays

Fauquier County Government designates the following paid holidays for all full-time employees:

Holiday	Recognized
New Year's Day	January 1
Generals Robert E. Lee and Thomas "Stonewall" Jackson Day	Friday preceding the 3rd Monday in January
Martin Luther King, Jr. Day	3rd Monday in January
Presidents' Day	3rd Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	1st Monday in September
Columbus Day	2nd Monday in October
Veteran's Day	November 11
Day before Thanksgiving – ½ Day	4th Wednesday in November
Thanksgiving Day	4th Thursday in November
Thanksgiving Friday	The Friday after Thanksgiving
Christmas Day	December 25

Full-time employees are also granted two floating holidays (15 hours for 37.5 hour/week employees; 16 hours for 40 hour/week employees; 16.8 hours for 42 hour/week employees) each year. The two floating holidays are pro-rated for part-time employees. Floating holidays must be used by June 30th. If the floating holiday is not used by that day, it will be forfeited.

Generally, holidays that fall on a Saturday will be observed on the previous Friday, and holidays that fall on a Sunday will be observed on the following Monday.

Voluntary Programs

Accident Coverage

You may also purchase accident coverage for you and your family through AFLAC and American Fidelity. It provides benefits for any on- or off-the-job accidental injuries with benefits payable for hospitalization, emergency treatment, intensive care, fractures, and more. This accident coverage is portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.

Cancer/Specified Disease

You may also purchase voluntary cancer/specified disease coverage for yourself and family through AFLAC and American Fidelity. This coverage supplements for expenses which may not be covered by your medical insurance. Benefits are paid directly to you.

This coverage may be portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.

Hospital Confinement Sickness

You may also purchase voluntary hospital confinement and sickness indemnity insurance coverage for yourself and family through AFLAC and American Fidelity. This coverage supplements any physician or hospital charges you may incur. Benefits are paid directly to you.

This coverage may be portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.

Short Term Disability

You may also purchase voluntary short term disability at different levels of coverage for yourself through AFLAC and American Fidelity. This coverage supplements your income while you are disabled due to a covered sickness or off the job injury. Benefits are paid directly to you.

This coverage may be portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.

Individual Specified Health Event Insurance

You may also purchase voluntary serious health event insurance for yourself through AFLAC and American Fidelity. A serious health event may be a heart attack, end-stage renal failure or third-degree burns. This coverage supplements your income while you recover from your health event. Benefits are paid directly to you.

This coverage may be portable, which means that you may keep the policy if you stop working for Fauquier County and you continue to pay the premiums.

More information about this coverage, along with the costs can be found in the separate brochure distributed during open enrollment or in your new hire packet or visit the website: www.aflac.com/fauquiercounty.

Virginia Local Disability Program (VLDP) through VRS

Recent legislation (SB 498) created the Virginia Local Disability Program (VLDP)—a disability benefit for political subdivision and school employees who will be covered under the new VRS Hybrid Retirement Plan. The Virginia Retirement System (VRS) governs the VLDP program.

All employees hired after January 1, 2014 and are a Hybrid plan member will only be eligible for the new Hybrid Plan administered through The Standard. There is a one year waiting period for this program. VLDP provides income protection for a non-work related or work-related illness, injury or other condition, such as surgery, pregnancy, complications from pregnancy or a catastrophic or major chronic condition.

The VLDP includes *Short-Term Disability*, *Long-Term Disability*, and *Long-Term Care*.

VLDP SHORT-TERM DISABILITY

The VLDP Short-Term Disability benefit begins after a seven-calendar day waiting period from the first day of your disability and continues for up to 125 workdays.

- You are eligible for work-related short-term disability coverage upon employment. VLDP coverage includes six weeks of post-partum income replacement following a normal delivery or C-section.
- You are eligible for income replacement at 60 percent of your pre-disability income if you go on non-work related short-term disability. After five years of continuous participation in VLDP with your current employer, you will become eligible for higher income replacement levels.
- There is a one-year waiting period. The waiting period applies regardless of service, including existing employees who opt into the Hybrid Plan.

VLDP LONG-TERM DISABILITY

The VLDP Long-Term Disability benefit for Hybrid Plan members begins after 125 workdays of short-term disability.

- You are eligible for a long-term disability benefit if you are unable to work at all or you are working less than 20 hours a week.
- You will receive up to 60 percent of your pre-disability income.

VOLUNTARY LONG-TERM CARE THROUGH VRS FOR ACTIVE OR RETIRED EMPLOYEES

You may be eligible to apply for long-term care coverage for yourself and certain family members in the Commonwealth of Virginia Voluntary Group Long-Term Care Insurance Program. VRS contracts with Genworth Life Insurance Company as the insurer to offer this benefit.

The program provides assistance with long-term care expenses, such as

- care in a nursing home or assisted living facility,
- home healthcare services,
- caregiver training, and
- community-based care.

If you apply within 60 days of employment, medical underwriting (proof of good health) will not be required for you. If you apply after 60 days of employment, you will be asked to provide proof of good health. Medical underwriting will be required of family members who apply.

Premium rates are guaranteed through March 1, 2020. You can choose one of three benefit increase options that will allow you to increase your coverage over time to help protect against the rising cost of care.

Employee Assistance Program (EAP)



Fauquier County Government's benefits program provides you and any family members with an Employee Assistance Program.

Fauquier County Government believes that healthy, happy employees who enjoy stable and satisfying home and work life environments will be more productive and a greater asset to Fauquier County. The system of EAP services is designed to assist in the identification and resolution of personal, family and job-related problems that may adversely affect employees' job performance. Our EAP partner, Anthem, believes that most problems experienced by employees are resolvable with skillful and timely intervention and assistance.

The goal of our EAP is to deliver high quality, responsive and professional EAP services to our employees that will positively impact the welfare of you and your families, along with Fauquier County Government as a whole by providing the following:

- 24-hour access to Anthem EAP Partners' comprehensive client services through their toll-free EAP Assistance Line (1-800-346-5484). Anthem EAP offers services on line at www.anthemEAP.com.
- Confidential and professional problem assessments, confidential counseling, and assistance with referrals to appropriate community resources

24-Hour Access

1-800-346-5484

or

www.anthemEAP.com

Retirement Plans



Virginia Retirement System

Fauquier County Government pays part of the cost of retirement benefits through the Virginia Retirement System (VRS). Fauquier County will pay an employer portion, and employees must contribute 5% (Plan 1 & 2).

There are a couple of differences in the plans. The plan in which you participate depends on your hire date:

Plan 1 - You are covered under the provisions of the VRS Plan 1 if your membership date is *before July 1, 2010*. Average final compensation under Plan 1 is the average of your 36 consecutive months of highest compensation as a covered employee.

Plan 2 - You are covered under the provisions of the VRS Plan 2 if your membership date is *July 1, 2010 or later*. Average final compensation under Plan 2 is the average of your 60 consecutive months of highest compensation

Hybrid Retirement Plan - All employees hired on or after January 1, 2014 or those that elected to join this plan are Hybrid members. Average final compensation is the same as Plan 2 (average of 60 consecutive months). Employees must contribute 5% (4% to VRS & 1% to ICMA for defined 401a plan) with the option to contribute up to an additional 4% with an employer match.

Under Plan 1 & 2, you become vested with five years of credited service; the years need not be continuous. Hybrid plan is vested after a defined portion of 5 years and the defined contribution is for 4 years.

As a VRS member, you enjoy retirement benefits important to you and your family's financial well-being. These benefits include retirement, disability, and survivor benefits. Current, active members of VRS may be eligible to purchase prior service credit.

Read the Handbook for Members Virginia Retirement System to better acquaint yourself with its benefits.

You may also elect optional life insurance under the Virginia Retirement System (VRS) through Minnesota Life. Please refer to the Optional Life Insurance section on page 18 for more information about the life insurance.

For more information about VRS benefits, visit www.varetire.org where you will find handbooks and other information about the plan

Deferred Compensation

Eligible employees are automatically enrolled in the 457b VALIC retirement program. Fauquier County Government provides a 457b retirement savings program for employees who want to save for retirement through pre-tax salary deferrals. Amounts deferred are not subject to federal and state income taxes until they are withdrawn from your account, which is usually at retirement.

You may choose the amount of your pay that is deferred, and you may change that amount at any time. Payroll deductions are spread over the 24 payroll cycles. There are legal limits on the amount that you can contribute in a year. For the 2015 calendar year, that annual limit is \$18,000.

You may choose from various types of investments (stocks, mutual funds, and fixed income interest-bearing accounts). Whether you're conservative or aggressive, there are funding choices for your preferred investing style. The products are managed by a financial firm chosen by VALIC.

VALIC
Bob Wells
540-878-6696
Bob.Wells@valic.com

Employee Contributions

Medical Rates

Employees Hired before 7/1/2014	FULL-TIME EMPLOYEES		PART-TIME EMPLOYEES	
	Your Cost Each Month	County's Contribution Each Month	Your Cost Each Month	County's Contribution Each Month
Anthem HealthKeepers 10 OA POS				
Employee Only	\$14.06	\$658.64	\$179.26	\$493.44
Employee + Child(ren)	\$71.56	\$822.71	\$276.89	\$617.38
Employee + Spouse	\$230.60	\$1,147.26	\$514.48	\$863.38
Employee + Family	\$296.94	\$1,282.41	\$613.52	\$965.83
Anthem HealthKeepers 20 OA POS				
Employee Only	\$6.00	\$598.67	\$156.28	\$448.39
Employee + Child(ren)	\$18.53	\$785.30	\$215.46	\$588.37
Employee + Spouse	\$115.64	\$1,122.88	\$395.56	\$842.96
Employee + Family	\$165.42	\$1,254.21	\$477.39	\$942.24
Anthem KeyCare 10 PPO				
Employee Only	\$37.55	\$718.28	\$217.29	\$538.54
Employee + Child(ren)	\$118.66	\$886.13	\$339.04	\$665.75
Employee + Spouse	\$303.81	\$1,244.33	\$610.70	\$937.44
Employee + Family	\$388.83	\$1,385.70	\$729.64	\$1,044.89
Anthem KeyCare 15 PPO				
Employee Only	\$21.82	\$694.72	\$195.93	\$520.61
Employee + Child(ren)	\$97.71	\$854.84	\$310.62	\$641.93
Employee + Spouse	\$272.37	\$1,195.29	\$567.52	\$900.14
Employee + Family	\$347.02	\$1,335.26	\$675.94	\$1,006.34
Anthem Lumenos Consumer Driven High Deductible Plan				
Employee Only	\$0	\$537.41	\$135.01	\$402.40
Employee + Child(ren)	\$20.00	\$694.42	\$194.07	\$520.35
Employee + Spouse	\$75.00	\$1,025.75	\$331.27	\$769.48
Employee + Family	\$125.00	\$1,136.72	\$408.21	\$853.51

Employees Hired on or after 7/1/2014	FULL-TIME EMPLOYEES		PART-TIME EMPLOYEES	
	Your Cost Each Month	County's Contribution Each Month	Your Cost Each Month	County's Contribution Each Month
Anthem HealthKeepers 20 OA POS				
Employee Only	\$20.00	\$584.67	\$166.50	\$438.17
Employee + Child(ren)	\$50.00	\$753.83	\$238.43	\$565.40
Employee + Spouse	\$165.00	\$1,073.52	\$431.59	\$806.93
Employee + Family	\$245.00	\$1,174.63	\$535.48	\$884.15
Anthem KeyCare 15 PPO				
Employee Only	\$50.00	\$666.54	\$216.51	\$500.03
Employee + Child(ren)	\$150.00	\$802.55	\$348.79	\$603.76
Employee + Spouse	\$365.00	\$1,102.66	\$635.14	\$832.52
Employee + Family	\$475.00	\$1,207.28	\$769.36	\$912.92

Anthem Lumenos Consumer Driven High Deductible Plan

Employee Only	\$-0.00	\$537.41	\$135.01	\$402.40
Employee + Child(ren)	\$20.00	\$694.42	\$194.07	\$520.35
Employee + Spouse	\$75.00	\$1,025.75	\$331.27	\$769.48
Employee + Family	\$125.00	\$1,136.72	\$408.21	\$853.51

Dental Rates

	FULL-TIME EMPLOYEES		PART-TIME EMPLOYEES	
	Your Cost Each Month	County's Contribution Each Month	Your Cost Each Month	County's Contribution Each Month
Anthem Dental Standard Option Plan				
Employee Only	\$5.60	\$24.16	\$13.33	\$16.43
Employee + Child(ren)	\$10.73	\$31.41	\$20.78	\$21.36
Employee + Spouse	\$32.20	\$31.00	\$42.12	\$21.08
Employee + Family	\$51.33	\$28.38	\$60.41	\$19.30
Anthem Dental High Option Plan				
Employee Only	\$10.27	\$25.19	\$13.33	\$16.43
Employee + Child(ren)	\$18.20	\$32.77	\$20.78	\$21.36
Employee + Spouse	\$42.47	\$31.61	\$42.12	\$21.08
Employee + Family	\$63.47	\$29.99	\$60.41	\$19.30

VRS Optional Life Insurance

Coverage for you or your spouse

Age Band	Monthly Rate per \$1,000
Age < 30	\$0.05
Age 30 - 34	0.06
Age 35 - 39	0.07
Age 40 - 44	0.09
Age 45 - 49	0.14
Age 50 - 54	0.20
Age 55 - 59	0.34
Age 60 - 64	0.66
Age 65 - 69	1.27
Age 70 - 74	2.06
Age 75+	2.06

Coverage for all of your children

Option	Flat Monthly Rate
#1 - \$10,000	\$0.80
#2 - \$10,000	0.80
#3 - \$20,000	1.60
#4 - \$30,000	2.40

To calculate the cost for your supplemental life coverage, follow these steps:

			Example
1.	Determine how much coverage you would like. You may elect 1x to 4x your compensation with a maximum of \$500,000 coverage.	Coverage Amount = _____	\$40,000
2.	Divide the result from #1 by 1,000 since the rates are based on each \$1,000 of coverage.	÷ 1,000 = _____	÷ <u>1,000</u> = 40.0
3.	Multiply the result from #2 by the rate for your age from the rate chart.	Rate from chart x _____ = _____ <i>This is the monthly premium.</i>	x <u>\$0.21</u> = \$8.40

4.	Multiply the result from #3 by 12 months then divide by 26 pay periods.	$ \begin{array}{r} \times \quad 12 \\ \div \quad 26 \\ = \underline{\hspace{2cm}} \end{array} $ <i>This is the amount you will pay each payday.</i>	$ \begin{array}{r} \times \quad 12 \\ \div \quad \underline{26} \\ = \quad \$3.88 \end{array} $
----	-------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

Important Notice

From Fauquier County Government about Your Prescription Drug Coverage and Medicare

Note: This is a notice that is required to be distributed annually to any Medicare-eligible employee or dependent who is covered under our group medical/prescription drug plan.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Fauquier County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Fauquier County has determined that the prescription drug coverage offered by the Anthem plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage,

you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fauquier County coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Fauquier coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Fauquier and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your

monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about this Notice or Your Current Prescription Drug Coverage...

Contact Human Resources for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Fauquier changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. When you are eligible for Medicare, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Breast Reconstruction Surgery Benefits and Women's Health and Cancer Rights Act of 1998

Note: This is a notice that is required to be distributed annually to any employee or dependent who is covered under our group medical plan.

If you or a dependent receives covered benefits for a mastectomy, you should know that the Women's Health and Cancer Rights Act of 1998 provides for:

- Reconstruction of the breast(s) on which a covered mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;

- Prostheses and treatment of physical complications related to all stages of a covered mastectomy, including lymphedema (swelling). Prior Authorization is not applicable to such prostheses.

The manner in which services are provided is between you and your physician. Coverage is subject to all of the terms and conditions of your health plan, including any applicable deductible, copayment, and coinsurance. You may be entitled to additional benefits as mandated by state law.

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider,

after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Privacy Notice

This notice describes how medical information about you can be used and disclosed and how you can get access to this information. Please review it carefully.

The federal Health Insurance Portability and Accountability Act's privacy regulations provide you with important rights regarding use and disclosure of your personal health information. This notice describes practices and procedures used by Fauquier County Government's medical plan (the Plan) to protect the privacy of certain personal health information concerning individuals who are participants under the Plan, such as you, your spouse, and your dependents. The Plan must maintain the privacy of protected health information and provide plan participants with a notice about the Plan's legal duties and privacy practices regarding protected health information. The Plan is required to use and disclose protected health information as described in this notice. This notice is effective *July 1, 2014*.

Protected health information (PHI) means health information collected or received by Fauquier County Government, the Plan, another health plan, a life insurer, a school or university, a health care clearinghouse, or a health care provider that personally identifies plan participants and relates to their health care, past, present, or future physical or mental health conditions, or past, present, or future payments for health care. It does not include certain employment records, such as medical certifications used for compliance with the federal Family and Medical Leave Act, federal Americans with Disabilities Act, or workers' compensation laws.

Use and Disclosure of Protected Health Information. Unless otherwise permitted by law, the Plan generally cannot use or disclose your PHI unless you authorize the use or disclosure in writing. However, in some cases, obtaining your written authorization for certain types of use or disclosure of PHI is impractical or unduly cumbersome. For example, written authorizations are not required to use or disclose your PHI for medical treatments, payments of medical bills, and health care operations. In addition, a number of limited exceptions allow or require the Plan to use and disclose PHI without your written authorization for certain legal, public health, and medical purposes.

Treatment, payment, and health care operations. The Plan does not need your written authorization or permission to use or disclose your PHI for the following reasons:

- **Payment.** The Plan can use and disclose PHI for payment of your health care claims. For example, the Plan can obtain information about your medical diagnosis, treatment, supplies, or procedures from a health care provider and share this PHI with health plan administrators or insurers for billing, cost sharing, claims processing, review of benefit or coverage denials, and other purposes related to administering your benefits and coverage under the Plan.
- **Health care operations.** The Plan can use and disclose PHI to Fauquier County Government for purposes of health care plan administration. For example, the Plan can use PHI in underwriting, negotiating premiums, assessing rating risks, conducting quality assessments and improvement activities, evaluating health care providers, performing audits and legal functions, conducting business management and planning, and carrying out general administrative activities.
- In addition, the Plan can disclose your PHI to certain employees of Fauquier County Government who are authorized and designated to handle certain health care plan administrative tasks. These employees must protect the privacy of your PHI and take steps to ensure that it is used or disclosed only as described in this notice. PHI used solely by Fauquier County Government for health care operations is not used or disclosed in connection with employment decisions affecting you, such as hiring, promotions, layoffs, or terminations. Whenever possible, Fauquier County Government removes information that identifies specific plan participants from medical records and uses only summary health data for operational purposes, such as negotiating coverage changes, evaluating insurance alternatives, or obtaining cost estimates.
- **Business associates.** The Plan can disclose PHI to our business associates for authorized plan administration needs related to payment and health care operations. For example, third-party administrators, auditors, attorneys, consultants, and payroll processors are considered our

business associates. Our business associates must enter contracts agreeing to safeguard the confidentiality of PHI received from the Plan.

- **Health care providers.** The Plan can disclose your PHI to health care providers and other covered entities as required for treatment or payment activities.
- **Health care education.** The Plan can use and disclose PHI to inform you about alternative treatment options and health-related benefits and services that might be of interest to you.
- **Legal, public health, and related purposes.** Besides using and disclosing PHI for treatment, payment, and health care operations, the Plan is permitted or required to use or disclose PHI without your written authorization for particular purposes or under specific conditions including:
 - ♦ **Legal compliance.** The Plan can use and disclose PHI as required by federal, state, or local laws or regulations, or to comply with valid legal requests, such as subpoenas, discovery requests, and other court or administrative orders. The Plan also must disclose PHI to the Secretary of the U.S. Department of Health and Human Services for HIPAA compliance purposes.
 - ♦ **Abuse, neglect, or domestic violence.** The Plan can use and disclose your PHI to appropriate authorities as required for reporting abuse, neglect, or domestic violence. The Plan informs you when making such uses or disclosures.
 - ♦ **Law enforcement.** The Plan can use and disclose your PHI to law enforcement officials when reporting a suspected workplace crime or a death due to a suspected crime. Law enforcement officials can request and receive your PHI for purposes of locating or identifying suspects, fugitives, witnesses, or missing persons. Law enforcement officials also can receive limited PHI when needed to identify crime victims, but only when you are unable to give consent to disclosure and certain other conditions are met. In addition, the Plan can use and disclose your PHI to correctional facilities when needed for medical or safety reasons.
 - ♦ **Public health and safety.** Various federal public health agencies and certain individuals can receive your PHI to address serious and imminent safety and health threats to you or the public. The Plan also can disclose your PHI to appropriate authorities when required to comply with federal Food and Drug Administration regulations or to prevent or control diseases, injuries, or disabilities.
 - ♦ **Health oversight committees.** In general, government health agencies can receive your PHI for necessary and authorized oversight

activities, including audits, investigations, licensing activities, criminal or administrative proceedings, and inspections.

- ♦ **Coroners, medical examiners, and funeral directors.** Coroners and medical examiners can receive your PHI for identification purposes, determinations of the cause of death, or other authorized reasons. Funeral directors also can receive your PHI for carrying out specific duties.
- ♦ **Organ and tissue donation.** If you are an organ or tissue donor, the Plan can give your PHI to organ procurement organizations or other entities for facilitating organ or tissue donations or transplants.
- ♦ **Research purposes.** The Plan can provide your PHI for authorized research purposes.
- ♦ **Workers' compensation.** The Plan can use and disclose your PHI for workers' compensation or related purposes.
- ♦ **Military or national security functions.** If you serve, have been discharged, or are a veteran of a U.S or foreign military service, the Plan can provide your PHI as required by appropriate military authorities. The Plan also can disclose your PHI for authorized national security and intelligence activities. Although your written authorization is not required for the above-listed uses and disclosures of your PHI, the Plan releases only the minimum details necessary to carry out these authorized functions. In addition, your express written authorization almost always is required in these situations:
- ♦ **Disclosure of psychotherapy notes.** The Plan must receive your authorization in most cases before releasing your PHI that relates to psychotherapist notes taken during mental health sessions.
- ♦ **Use of PHI for marketing purposes.** The Plan generally must receive your authorization for using or disclosing your PHI for certain marketing purposes.

Your Rights. You have certain rights regarding your PHI. These rights include the following:

- **The right to designate a relative or representative to access your PHI.** You can provide written notice to the Plan to designate a relative, friend, lawyer, or other individual as someone closely involved in your health care to whom the Plan can disclose your PHI for any purpose you specifically permit. This authorization allows the Plan to release all appropriate records to your designated representative without obtaining a separate authorization from you for each record request. You can revoke this authorization at any time.

- **The right to request restrictions on certain uses and disclosures of PHI.** You can request the Plan to restrict any use or disclosure of your PHI for carrying out treatment, payment, or health care operations or to your personal representative, including family members. The Plan does not have to agree to your request and can disclose your PHI as allowed or required by law or if an emergency arises.
- **The right to receive confidential communications of PHI.** You can receive PHI communications through alternative means or at alternative locations if the communication channels normally used would jeopardize your physical safety. To exercise this right, you must give the Plan a written statement to the effect that disclosing all or part of your PHI through normal channels could endanger you. For example, you can request that communications be mailed to you at an address that is different from your home address.
- **The right to inspect and copy your PHI.** You can make a written request to inspect and copy your PHI that the Plan retains, excluding psychotherapy notes, information compiled for use in any legal proceeding, or records otherwise restricted or exempt from disclosure under federal laws or regulations. The Plan will either mail the requested records to you or send you a letter explaining why your request is denied. The Plan will respond to your request within certain deadlines, usually 30 or 60 days, depending on how recently the requested records were created and whether records are maintained on site. If your request is denied, a review of the denial is available in most cases.
- **The right to amend protected health information.** You can amend your PHI by sending the Plan a written request explaining the need for changing your PHI. Your request can be denied if the PHI is not available for inspection by law or if the Plan did not create the PHI record, does not maintain the record, or determines that the record is complete and accurate. The Plan also will amend your PHI if it receives amended PHI from an appropriate entity covered by the law.
- **The right to receive an accounting of disclosures of protected health information.** You can make a written request to the Plan to provide you with a statement of the disclosures of your PHI that were made by the Plan for up to six years before the date of your request. However, the Plan does not have to supply an accounting of certain routine or permitted PHI disclosures, such as disclosures made to your designated representative or to carry out treatment, payment, or health care operations. No charge applies to your first request for an accounting of disclosures in a given year. A nominal

administrative fee applies if you submit additional requests within the same 12-month period; however, you can reduce or avoid extra charges by modifying or withdrawing additional requests. The Plan will supply this accounting of disclosures of your PHI within 60 days after the Plan receives your request unless it notifies you in writing of the need for a 30-day extension.

- **Your rights under state law.** In addition to your rights described in this notice, you might have additional rights regarding your PHI under the laws of the state where you live, such as rights relating to mental health, pregnancy, HIV/AIDS, and health treatment of minors.
- **The right to receive a privacy notice.** Plan participants receive this notice when they enroll in the Plan and you can request additional copies of this notice at any time. You also can request a paper copy of this notice if you first received it electronically. The Plan issues notice reminders at least every three years informing plan participants of their right to receive this notice and where to obtain it.

Changes to This Notice. The Plan can change provisions of this notice at any time for compliance or other reasons. In general, changes to the notice are effective on the date the notice is revised. Plan participants receive information regarding changes to this notice within 60 days after revisions are made and can request a revised copy of the notice.

Complaints. If you believe that the Plan has not complied with its obligations or your rights as described in this notice have been violated, you can submit a written complaint to Fauquier County Government's privacy officer, the Plan, or the Secretary of the U.S. Department of Health and Human Services.

You will not be retaliated against or penalized in any manner for filing a complaint, participating in any legal proceeding, or opposing any unlawful act or practice.

Employer Contact Information. For more information about this notice or your privacy rights, you can contact Fauquier County Government's privacy officer, Benefits and Risk Manager, 320 Hospital Drive, Suite 34, Warrenton, VA 20186.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	FLORIDA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
ARIZONA – CHIP	GEORGIA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid	MONTANA – Medicaid
Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP

Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MISSOURI – Medicaid	UTAH – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OKLAHOMA – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OREGON – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.oregonhealthykids.gov http://www.hjossaludablesoregon.gov Phone: 1-800-699-9075	Medicaid: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
SOUTH DAKOTA – Medicaid	WYOMING – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531
TEXAS – Medicaid	
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	

To see if any more States have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

Glossary

After-tax	Paying for benefits after federal, state and FICA taxes are deducted.
Beneficiary	The person(s) you designate to receive payment from your insurance policies when you die.
Capitation	A set dollar limit that you or your employer pay to a health maintenance organization (HMO), regardless of how much you use (or don't use) the services offered by the health maintenance provider
COBRA	The Consolidated Omnibus Budget Reconciliation Act of 1985, federal legislation that allows you and/or your dependents to continue to purchase health insurance for up to 18 months if you lose your job or your employer-sponsored coverage is otherwise terminated. Dependents may be eligible for COBRA coverage for up to 36 months in the event of your divorce or death, or when your child reaches the limiting age under the plan. COBRA is available to employees who work for an employer with 20 or more employees.
Coinsurance	The percentage of covered medical costs you pay.
Coordination of Benefits	An arrangement in health insurance to discourage multiple payments for the same claim under two or more policies. When a person is covered by two or more group health insurance plans, one plan becomes the <i>primary</i> plan and the other plan(s) the <i>secondary</i> plan(s).
Copayment	The flat fee that you pay per unit for certain medical services.
Covered Expenses	Charges eligible for plan payment
Deductible	A fixed dollar amount of covered medical charges you must pay before the plan pays for additional covered services. Your deductible depends on the medical plan you select.
Disability	Inability to work because of a medically certified illness or injury.
Explanation of Benefits (EOB)	The insurance company's written explanation regarding a claim, showing what they paid and what you must pay.
Generic Drug	Once a company's patent on a brand-name prescription drug has expired, other drug companies are allowed to sell the same drug under a generic label. Generic drugs are less expensive than brand-name drugs.
Habilitation Services	Health care services that help a person keep, learn or improve skills and functioning for daily living.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	A legislative act that allows people to qualify immediately for comparable health insurance coverage when they change their employment or relationships. It also mandates the use of 1) standards for the electronic exchange of health care data; 2) national identification systems for health care patients, providers, payers, and employers; and 3) measures to protect the security and privacy of personally identifiable health care.
Health Maintenance Organization (HMO)	Health maintenance organizations represent "pre-paid" or "capitated" insurance plans in which doctors are paid a fixed monthly fee for services instead of separate fees for each visit or service. The monthly fees remain the same, regardless of types or levels of services provided. Services are provided by physicians who are employed by, or under contract with, the HMO. HMOs vary in design.
Hospice Services	Services to provide comfort and support for persons in the last stages of a terminal illness and their families.
Inpatient Care	Medical care you receive after you're formally admitted into a hospital.
Life Insurance	Term life insurance that pays a death benefit to your beneficiary if you die. There is no cash surrender value.
LTD (long-term disability)	A disability due to a medically-certified illness or injury that lasts for more than 180 days.

Medicaid	A health insurance program for low-income individuals who cannot otherwise afford Medicare or other commercial health insurance plans. Medicaid is funded in part by the government and by the state where the enrollee lives.
Medicare	The federal health insurance program created to provide health coverage for Americans aged 65 and older and later expanded to cover younger people who have permanent disabilities or who have been diagnosed with end-stage renal disease or amyotrophic lateral sclerosis (ALS).
Minimum Essential Coverage	Health coverage that will meet the individual responsibility requirement. Minimum essential coverage generally includes plans, health insurance available through the Marketplace or other individual market policies.
Network	A group of health care providers, including doctors, hospitals and specialists who join together to provide care at specially negotiated rates.
Non-duplication of Benefits	A coordinated payment method used when more than one health insurance plan is paying benefits.
Orthodontia	Dental services which straighten teeth and correct bite.
Out-of-Pocket Maximum	The maximum dollar amount you pay out of your pocket in a calendar year for covered expenses, including deductibles and coinsurance. The plan pays 100% of covered expenses after the limit is reached (up to the plan's maximum benefit) for the remainder of the year.
Patient Protection and Affordable Care Act (PPACA), also known as Affordable Care Act (ACA)	The health reform legislation passed by the 111th Congress and signed into law by President Barack Obama in March 2010. The legislation includes a long list of health-related provisions that began taking effect in 2010 and will continue to be rolled out over the next four years.
Pre-tax	A contribution for benefits that is taken from your pay before federal, state, and FICA taxes are withheld. Note that Tax Sheltered Annuities are pre-tax on federal and state only.
Preferred Provider Organization (PPO)	A preferred provider organization (PPO) is a managed care organization of health providers who contract with an insurer to provide health insurance coverage. Services by these providers are discounted substantially. If a member uses a physician outside the PPO plan, they typically pay more for the medical care.
Preventive Care	Services that maintain good health and prevent disease - such as check-ups and early detection screenings.
Primary Care Physician (PCP)	The doctor responsible for directing all your medical care and referrals.
Spouse	A person who is legally married to an employee under the laws of the state in which the employee resides.

Contacts



Fauquier County Benefits Department (540) 422-8300	eportal.fauquiercounty.gov
VALIC (457b) Bob Wells (540) 878-6696 Bob.wells@valic.com	Genworth Life (Commonwealth of VA) Long Term Care through VRS www.varetire.org (888) 827-3847
Anthem Medical www.anthem.com	Anthem EAP (800) 346-5484 www.anthemEAP.com
Anthem Dental www.anthem.com/mydentalvision	Flexible Spending Account American Fidelity Assurance Company (877) 518-3171 ext. 2735
Minnesota Life Optional Term Life www.minnesotalife.com (800) 447-2258	Virginia Retirement System (VRS) www.varetire.org (888) 827-3847
Voluntary Benefits AFLAC James Edmonds (888) 364-0060 www.aflac.com/fauquiercounty	Voluntary Benefits American Fidelity Assurance Company Adam Ashby (877) 518-3171 ext. 2735



This Benefits Enrollment Workbook is intended as a summary of benefits. Please refer to your booklet and/or contract for complete details. In the event of a discrepancy in benefits, your contract benefits will determine how your benefits will be applied.